8. Atropin eye drops & oint. 1%
9. Homatropin eye drops . . . . . 1% & 2%

IV. *For Prevention of Dehydrtion under ORT*

1. Oral Rehydration Salt.

V. *Goitre Programme*

For Iodizetion of edible salt, Jodine in the form of Potassium Iodate is essential.

VI. *E.P.I. Programme*

For EPI Programme DPT, DT, TT, BCG, Polio, Typhoid and Measles vaccines are used.

VII. *National Malaria Eradicaion Programme*

1. Cholorequin
2. Amodiaquin
3. Quinine Inj.
4. Combination of Parimethamine (25 mg)+ Sulfametipyrozine (500 mg)
5. Paracetamol

VIII. *Filaria*
Diethycarbamazine

2663. [*Transferred to the 22nd August*, 1988]

Sera and Vaccine in Category I for price control

2664. SHRI B. SATYANARAYAN REDDY:
DR. (SHRIMATI) SAROJINI MAHAISHI:
SHRI DAYANAND SAHAY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 151 given in Rajya Sabha on 27th July, 1988 and state:

(a) whether the Ministry of Health and Family Welfare had recommended inclusion of Sera and Vaccines in category-I for price control;

(b) what are the reasons for their exclusion from category-I; and

(c) in the view of the increase in their prices by 200 per cent what steps have been taken to get them included in category-I of DPSO; 1987?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) While Ministry of Health is a recommendatory body but the final enlistment of Drugs in Category I of the DPCO is done by the Department of Chemicals.

(c) Pricing of drugs is done by the Bureau of Industrial Cost and Pricing (BICP) under Ministry of Industry as per their norms. Ministry of Health has reiterated its earlier recommendations for inclusion of Sera & Vaccine used in he Extended Immunisation Programme (EPI).

Incentive to the production of Rifampicin on its reclassification

2665. PROF. C. LAKSHMANNA:
DR. (SHRIMATI) SAROJINI MAHISHI:
SHRI DAYANAND SAHAY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 149 given in Rajya Sabha on 27th July, 1988 and state:

(a) what incentives, the production

of Rifampicin would get on its reclassification from Category I to Category II;

(b) what is the basis of given such incentives and in what manner Government are connected with such incentives;

(c) whether recategorisation was recommended on the basis of a representation of a manufacturer or on a letter received from the Department of Chemicals;

(d) whether Government are aware of the status of production of drug, outgo of foreign exchange, overcharging of prices, marketing without price approval, etc.; and

(e) if not, what are the reasons for which the said decision was taken without knowing the full facts; and whether it is a fact that the decision is ill-advised; if so, any by when it would be reversed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (e) Reclassification of Rifampicin from Category I to Category II was recommended by Ministry of Health and Family Welfare to boost production of Rifampicin which is required for 2 National Health Programmes, namely, control of T.B. and Leprosy Eradication. In the global context the demand for Rifampicin, is, per available information, greatest in India. In order to meet this greater demand Government has to encourage formentation technique, which is very capital intensive, instead of the present synthetic technique. Category I allows 75 MAPE which means about 43 of maximum retail price. Out of this, 17 for retail and 5 for wholesale are deducted and the balance left for the manufacturer is about 20.85. Re-categorisation from 75% MAPE to 100% MAPE would give incentive to the basic manufacturers of Rifampicin for their captive consumption.

The appeal for re-categorisation received from manufacturers was examined by the Ministry of Health and necessary recommendations were made to boost production, Production of drugs, outgo of foreign exchange, over-charging of prices etc. are constantly being monitored by the Ministry of Industry.

Drugs prices Review Committee

2666. SHRI M. KADHARSHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answers to Unstarred Question 148 given in the Rajya Sabha on 27th July, 1988 and state.

(a) whether it is a fact that the prices of all the formulations are decided by an inter-ministerial committee, Drug Prices Review Committee.

(b) whether it is also a fact that Ministry of Health and Family Welfare has a representation on this committee and an officer is sent to the meetings of this committee;

(c) whether it is a fact that Ministry of Health and Family Welfare is a party to all the price increases which are announced without even verifying the purchase invoices; if so, what steps are contemplated to utilize the services of a senior technical expert and a qualified cost expert for the purpose; and

(d) whether the prices of drugs for Leprosy, T. B., and Diarrhoea and combinations thereof have not been reduced due to change of category on the recommendation of the Ministry of Health and Family Welfare and the consumer is being overcharged?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) Yes Sir.